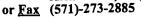
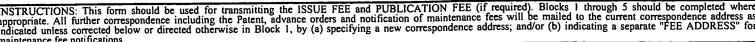
PART B - FEE(S) TRANSMITTAL

-Complete and send this form, together ... h applicable fee(s), to: Mail Mail Stop ISS

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NSTRUCTIONS: This appropriate. All further of indicated unless corrected maintenance fee notifications.	correspondence includir d below or directed oth	or transmitting the ISSU of the Patent, advance or nerwise in Block 1, by (a) specifying a new corres	pondence address;	and/or	(b) indicating a separa	ould be completed where orrespondence address as ate "FEE ADDRESS" for
CURRENT CORRESPONDE	Fee(Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.					
90466 YOUNG & TH 745 SOUTH 23R 2ND FLOOR	D STREET	I he State addition	Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.				
ARLINGTON, V	/A 22202					(Depositor's name)	
		TRAD					(Signature)
			L				(Date)
APPLICATION NO. FILING DATE			FIRST NAMED INVENTOR		ATTORNEY DOCKET NO. CONFIRMATION NO.		
10/678,073 10/06/2003			Taisto Vilkman	Taisto Vilkman 3501-1072 4077			
TITLE OF INVENTION:	POLYMER BLEND A	ND METHOD OF PREP	ARING SAME	·			
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSU	E FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$300	\$0		\$1000	10/26/2006
EXAMINER ART UNIT		ART UNIT	CLASS-SUBCLASS				
SZEKELY, PETER A 1714			524-440000				
1. Change of correspondence address or indication of "Fee Address" (37 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys							
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)							
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.							
(A) NAME OF ASSIG		(B) RESIDENCE: (CITY and STATE OR COUNTRY)					
Premix Oy Rajamaki, Finland 10/24/2086 JADDO2 00000136 10678073							
Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Individual Conference of the private group entities of the patent of the pa							
4a. The following fee(s) are submitted: Solution S			b. Payment of Fec(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 25-0120 (enclose an extra copy of this form).				
5. Change in Entity Sta				(if necessary) ant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).			
	s SMALL ENTITY stat						e assignee or other party in
interest as shown by the	records of the United St	ates Patent and Trademark	Office.				70073
Authorized Signature	Benoît C	astel		01 <u>FC+15</u> Da02 <u>FC+15</u>		ober 23, 200	1489.00-00 6_300_00_00
Typed or printed nam	eBenoit (CASTEL #35,041		Registration ?	۷o. <u>#</u>	35,041	
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